ALLERGY IMMUNOTHERAPY RECORD **SINGLE MEDICAL RECORD** For use of this form, see AR 40-66; the proponent agency is the OTSG **EXTRACT** START ALLERGY SHOT DATE RE-EVALUATION DUE PRESCRIPTION NUMBER EXTRACT CONTENT **HISTORY OF SYSTEMIC SHOT REACTIONS? ON BETA BLOCKERS? YES** YES NO SCHEDULE A,B,C,D,E,F STRENGTH DOSE TECH DATE TIME VIAL # ARM REACTIONS OR SPECIAL INSTRUCTIONS (pnu/ml,wt/vol,AU/ml) INITIALS PATIENT'S IDENTIFICATION NURSING PERSONNEL INITIALS (For typed or written entries give Name--last, first, middle, INITIALS NAME NAME INITIALS SSN;DOB;sex;treating facility)